

Rec'd PCT/PTO 31 JAN 2005

APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY

I hereby declare, as a named inventor of the invention identified herein, that my residence, post office address and citizenship are as stated below next to my name; that I verify and believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE: LOUDSPEAKER MANUFACTURING METHOD THEREOF, AND MOBILE TELEPHONE
USING THE SAME

which is described and claimed in the specification: a. X attached hereto; b. ___ filed ___ as U.S. Patent Appln. Serial No. ___ and amended on ___; c. ___ identified by the Assignee as reference number ___ and assigned by my attorney ATTORNEY DOCKET NUMBER MATS-055

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and hereby acknowledge the duty to disclose information of which I am aware which is material to this application for patent on the invention described in the above-identified specification in accordance with 37 C.F.R. §1.56.

I hereby claim priority benefits under 35 U.S.C. §119 based on the following foreign applications(s) filed within one year prior to this application and/or under 35 U.S.C. §365 for the following PCT International Application(s):

PRIORITY: PCT/JP2004/007662 May 27, 2004

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) (INSERT "NONE" IF NO CORRESPONDING CASES):

JP 2003-162048 June 6, 2003

(1)

I hereby appoint Marc A. Rossi (Reg. No. 31,923) as my attorney of record with full power of substitution and revocation to prosecute this application, to transact all business in the Patent Office, and to insert on this document the Attorney Docket Number assigned to this application. I further direct that all correspondence in connection with this application be sent to my attorney at the address provided below:

ROSSI & ASSOCIATES
P.O.-BOX-826
ASHBURN, VA 20146-0826
(703) 726-6020

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1) Inventor's Name: MITSUTAKA ENOMOTO
Given Name Middle Initial Family-Name

Residence: MATSUSAKA-SHI, MIE, JAPAN
City State/Province Country

Mailing Address: 59-15-202, ISHIZU-CHO
Street/P.O. Box

MATSUSAKA-SHI, MIE 515-0006 JAPAN
City State/Province Zip Country

Citizenship: JAPANESE

Signature: M. Enomoto Date: January 6, 2005

ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES YES X NO ___

(2) Inventor's Name: HIROSHI YANO
Given Name Middle Initial Family Name

2-00 Residence: TSU-SHI, MIE, JAPAN
City State/Province Country *JPX*

Mailing Address: 2331-23, HANDA
Street/P.O. Box

TSU-SHI, MIE 514-0823 JAPAN
City State/Province Zip Country

Citizenship: JAPANESE

Signature: Hiroshi Yano Date: January 6, 2005

(3) Inventor's Name: TAKESHI SHIMOKAWA TOKO
Given Name Middle Initial Family Name

3-00 Residence: HISAI-SHI, MIE, JAPAN
City State/Province Country *JPX*

Mailing Address: 2200-60, NINOMI-CHO
Street/P.O. Box

HISAI-SHI, MIE 514-1116 JAPAN
City State/Province Zip Country

Citizenship: JAPANESE

Signature: Takeshi Shimokawa Toko Date: January 6, 2005

(4) Inventor's Name: _____
Given Name Middle Initial Family Name

Residence: _____
City State/Province Country

Mailing Address: _____
Street/P.O. Box

City State/Province Zip Country

Citizenship: _____

Signature: _____ Date: _____

ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES YES ___ NO X